Manufacturing of new formulation of Ribavirin 200mg Capsules

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**Abstract**

Ribavirin are used for the treatment of chronic hepatitis C with compensated liver disease, in the present study we manufactured the new formulations of Ribavirin capsules by using Microcrystalline cellulose PH 102, Di-calcium phosphate, Povidone K 30, Crospovidone, Aerosil 200 and Magnesium stearate. This study is alienated into two phases. The first phase of the study comprises of new formulation of Ribavirin capsules which were prepared. Whereas in the 2nd phase of study new formulation is evaluated for their physical parameters like average weight, weight variation, disintegration time and also evaluated the chemical analysis like dissolution behaviour and assay. All quality control parameters: average weight, weight variation test, disintegration test, dissolution test and assay were carried out specified by BP/USP (British and United state Pharmacopoeia) for capsules. The results showed that all parameters of new formulations are in accordance with the BP/USP limits.

**Keywords:** Ribavirin, New Formulations, Disintegration, Dissolution.

**Introduction**

Ribavarin (RBN) is categorized as an antihepaciviral, nucleoside (Anti-HCV); it inhibits replication of RNA and DNA viruses. Chemically it is 1-β-D-ribofuranosyl-1*H* -1,2,4-triazole-3-carboxamide (Figure 1) [1]. It is a broad spectrum antiviral agent [2]. It is a white, crystalline powder, freely soluble in water and slightly soluble in anhydrous alcohol. The empirical formula is C8H12N4O5 and the molecular weight is 244.21. It is used to stop viral RNA synthesis and viral mRNA capping, thus, it is a nucleoside inhibitor [3]. It is used to treat chronic hepatitis C virus infection [4-7], Crimean-congo hemorrhagic fever [8-9] and lassa fever [10]. It is also used for treatment of respiratory syncytial virus infection in children [11], also used as an anti cancer therapy [12].

Ribavirin nasal and oral inhalation used for treatment of severe lower respiratory tract infections (i.e., bronchiolitis, pneumonia) caused by RSV in hospitalized infants and young children. The primary toxicity of ribavirin is hemolytic anemia [13-15] Reductions in hemoglobin levels occurred within the first 1-2 weeks of oral therapy. It Absorbed rapidly from GI tract; peak plasma concentrations achieved within 1–3 hours, bioavailability is 64%. Ribavirin and/or its metabolites accumulate in erythrocytes [16-17].

The manufacturing of Pharmaceutical dosage form, from formulation development to finished product, is very difficult process. This includes interactions of various types between process conditions and raw materials. These interactions are of great importance for the process ability and quality of the finished product, so these interactions should be taken into account earlier, such that to save later loss of time and money [18].

In this present study we developed a new formulation of Ribavirin and all of the physical and chemical parameters were analyzed i.e. average weight, weight variation, disintegration, dissolution and assay as per USP [1].

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| Figure: 1 Structure of Ribavirin |
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**Experimental Methodology**

**Materials and reagents**

The API and excipients used in the formulation were Ribavirin, Microcrystalline cellulose PH 102, Lactose monohydrate, Crocarmellose sodium and Povidone K 30. All of them were of pharmaceutical grade. For quantitative analysis, the standards used were Ribavirin (Potency 99-101%).

**Manufacturing of New Formulations**

Accurately weigh all the ingredients of capsules. Pass the Ribavirin, Microcrystalline cellulose PH 102, Di-calcium phosphate and Crospovidone through mesh 0.5 mm. add the PVP K-30 in purified water and make a clear solution. Add this solution to the above sieved materials and made a granules. Dry the wet mass at 60 °C and check the moisture which should be not more than 1.00 %. Pass these dried granules through 1.00 mm mesh and then add Aerosil 200 and Magnesium stearate after passing through mesh 0.5 mm, then transferred them into suitable food grade polyethylene bag. Ingredients were mixed by tumbling action in a large size poly bag for 5 minutes. Finally adjust the capsules shell into the capsules filling machine carefully so the body adjust in the lower hole. The head of capsules were unlocked by adjusting the lever. Fill the blended powder in the body of capsule. Place the upper plate carrying head of the capsules and locked them on the body with the help of the lever.

**Capsules Specifications**

After manufacturing of a new formulation of capsules all of the described parameters were analyzed i.e. average weight, weight variation, disintegration, dissolution and assay [1].

**Average Weight and Weight Variation Test**

Weight Variation is the in-process test which ensures that the content of each dosage units is uniform during encapsulation process. 20 capsules of new formulation were accurately weighed on Electronic Balance Metler AL-204. Calculate the weight of each capsule that must be within official limits. USP/ BP states that the capsules containing 130-324 mg of the total weight may be outside ±7.5 % of the average (NMT two capsules out of the sample) and all must be within 20%.

**Disintegration Test**

Disintegration of the new formulation of capsules was tested by using apparatus Pharmatest Disintegration Tester Series Type PTZ Auto. Place one capsule in each of the six tubes of the basket and add a disc. Using water as the immersion fluid, operate the apparatus by maintaining its temperature at 35- 39 °C. Finally at the specified time, pick up the basket from the fluid and check whether all of the capsules have disintegrated completely. The test is repeated on 12 extra capsules if one or two capsules fail to disintegrate. The requirements are met when out of 18 capsules 16 are disintegrated. According to USP, capsule should disintegrate in not more than thirty minutes.

**Dissolution test**

Dissolution test was carried out on Dissolution Tester AT7 Smart dissolution apparatus. Assemble the equipment, pour 900ml of DI water in each of the vessel and maintain the temperature of vessels at 37±0.5°C. Place one capsule of new formulation in an each vessel before rotation. The rotation of the basket was set at 100 RPM. A sample of 10 ml is withdrawn after 30 minutes. The sample must be taken from a zone midway between the surface of the dissolution medium and the top of the rotating basket, at least 10 mm from the vessel wall and not less than 10 mm below the surface. The quantity of Ribavirin dissolved was determined as specified in USP [1].

**Assay**

Assay was performed on High Performance Liquid Chromatography (HPLC) Shimadzu, with Auto sampler. Sample and standard were prepared as specified in the USP and tested was carried out at UV 207 nm, Column: 7.8-mm × 15-mm; 7-µm packing L17, Column temperature: 65°C, Flow rate: 1 mLmin-1, and Injection volume: 10 µL as per USP [1].

**Results**

**Average Weight and Weight Variation Test**

Average weight and Wt. variation test of new formulated capsules proved statistically that all the capsules were in accordance to the BP/USP requirements. (Table 1, 2)

**Disintegration Test**

Disintegration test was conducted on newly developed formulation and our results were in accordance to BP/USP (Table 3).

**In vitro dissolution studies**

The percentages of the labeled amount of Ribavirin dissolved in 30 minutes are shown in Table-4. As per USP official limits for Ribavirin capsules, dissolved amount of Ribavirin should NLT 80% (Q) of the labeled amount in 30 minutes and new formulation is under the specified limit.

**Pharmaceutical assay**

The assays described are the official methods upon which the standard of the pharmacopoeia depend. By using HPLC assay was carried out on the newly developed formulation of Ribavirin Capsules contain an amount of Ribavirin equivalent to NLT 90.0% and NMT 110.0% each of the labeled amount of Ribavirin during the study. All capsules have potencies in accordance of required specification (Table 5).

**Discussion**

In the present study new formulation of Ribavarin capsule was manufactured. All parameters of (average weight, weight variation, dissolution, disintegration time and assay) of new formulation were tested and results showed that they are in accordance with the BP/USP limits. In our trials Disintegration time was found to be 3 minutes 18 seconds which is within specified BP\USP limit. And the dissolved amount of Ribavirin should NLT 80% (Q) of the labeled amount in 30 min. Potency of the Ribavirin equivalent to NLT 90.0% and NMT 110.0% each of the labeled amount of Ribavirin. Our research group has done these types of formulation studies.

**Conclusion**

All parameters (average weight, weight variation, dissolution, disintegration time, and assay) of new formulations were tested and results showed that average weight, weight variation, disintegration time, dissolution and assay are in accordance with BP/USP limits. The advantage of this formulation is that this formulation is a quite simple; less time consuming, economical and achieved all qualitative and quantitative characteristics which were required by pharmaceutical industry for a dosage form.

**References**

1 USP 37 (2014). [http://www.uspnf.com/uspnf/pub/index?usp=37&nf=32&s=2&officialon=December, 2014](http://www.uspnf.com/uspnf/pub/index?usp=37&nf=32&s=2&officialon=December,%202014).

2 Smith, RA. (1980). “Mechanisms of action of ribavirin. In: Smith RA, Kirkpatrick W, eds. Ribavirin: a broad spectrum antiviral agent”. New York: Academic Press, 99-118.

3 Carter, John; Saunders, Venetia (2007). “*Virology, Principles and Applications*. John Wiley & Sons. [ISBN](http://en.wikipedia.org/wiki/International_Standard_Book_Number) [978-0-470-02386-0](http://en.wikipedia.org/wiki/Special:BookSources/978-0-470-02386-0).

4 Paeshuyse, J; Dallmeier, K; Neyts, J (2011). "Ribavirin for the treatment of chronic hepatitis C virus infection: a review of the proposed mechanisms of action.". *Current Opinion in Virology* **1**(6): 590–598.  [doi](http://en.wikipedia.org/wiki/Digital_object_identifier):[10.1016/j.coviro.2011.10.030](http://dx.doi.org/10.1016%2Fj.coviro.2011.10.030). [PMID](http://en.wikipedia.org/wiki/PubMed_Identifier) [22440916](http://www.ncbi.nlm.nih.gov/pubmed/22440916).

5 [Druyts, E](http://www.ncbi.nlm.nih.gov/pubmed/?term=Druyts%20E%5BAuthor%5D&cauthor=true&cauthor_uid=23243171); [Thorlund, K](http://www.ncbi.nlm.nih.gov/pubmed/?term=Thorlund%20K%5BAuthor%5D&cauthor=true&cauthor_uid=23243171); [Wu, P](http://www.ncbi.nlm.nih.gov/pubmed/?term=Wu%20P%5BAuthor%5D&cauthor=true&cauthor_uid=23243171); [Kanters, S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kanters%20S%5BAuthor%5D&cauthor=true&cauthor_uid=23243171); [Yaya, S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Yaya%20S%5BAuthor%5D&cauthor=true&cauthor_uid=23243171); [Cooper, CL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Cooper%20CL%5BAuthor%5D&cauthor=true&cauthor_uid=23243171); [Mills, EJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Mills%20EJ%5BAuthor%5D&cauthor=true&cauthor_uid=23243171) (2013). “Efficacy and safety of pegylated interferon alfa-2a or alfa-2b plus ribavirin for the treatment of chronic hepatitis C in children and adolescents: a systematic review and meta-analysis”. *Clinical Infectious Diseases* **56** (7): 961–967. [doi](http://en.wikipedia.org/wiki/Digital_object_identifier):[10.1093/cid/cis1031](http://dx.doi.org/10.1093%2Fcid%2Fcis1031). [PMID](http://en.wikipedia.org/wiki/PubMed_Identifier) [23243171](http://www.ncbi.nlm.nih.gov/pubmed/23243171).

6 Zeuzem, S; Poordad, F (2010). “Pegylated-interferon plus ribavirin therapy in the treatment of CHC: individualization of treatment duration according to on-treatment virologic response”. *Current Medical Research and Opinion* **26** (7): 1733–1743. [doi](http://en.wikipedia.org/wiki/Digital_object_identifier):[10.1185/03007995.2010.487038](http://dx.doi.org/10.1185%2F03007995.2010.487038). [PMID](http://en.wikipedia.org/wiki/PubMed_Identifier) [20482242](http://www.ncbi.nlm.nih.gov/pubmed/20482242).

7 [Zhu, Q](http://www.ncbi.nlm.nih.gov/pubmed/?term=Zhu%20Q%5BAuthor%5D&cauthor=true&cauthor_uid=23603497); [Li, N](http://www.ncbi.nlm.nih.gov/pubmed/?term=Li%20N%5BAuthor%5D&cauthor=true&cauthor_uid=23603497); [Han, Q](http://www.ncbi.nlm.nih.gov/pubmed/?term=Han%20Q%5BAuthor%5D&cauthor=true&cauthor_uid=23603497); [Zhang, P](http://www.ncbi.nlm.nih.gov/pubmed/?term=Zhang%20P%5BAuthor%5D&cauthor=true&cauthor_uid=23603497); [Yang, C](http://www.ncbi.nlm.nih.gov/pubmed/?term=Yang%20C%5BAuthor%5D&cauthor=true&cauthor_uid=23603497); [Zeng, X](http://www.ncbi.nlm.nih.gov/pubmed/?term=Zeng%20X%5BAuthor%5D&cauthor=true&cauthor_uid=23603497); [Chen, Y](http://www.ncbi.nlm.nih.gov/pubmed/?term=Chen%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=23603497); [Lv, Y](http://www.ncbi.nlm.nih.gov/pubmed/?term=Lv%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=23603497); [Liu, X](http://www.ncbi.nlm.nih.gov/pubmed/?term=Liu%20X%5BAuthor%5D&cauthor=true&cauthor_uid=23603497); [Liu, Z](http://www.ncbi.nlm.nih.gov/pubmed/?term=Liu%20Z%5BAuthor%5D&cauthor=true&cauthor_uid=23603497) (2013). “Statin therapy improves response to interferon alfa and ribavirin in chronic hepatitis C: a systematic review and meta-analysis”. *Antiviral Research* **98** (3): 373–379. [doi](http://en.wikipedia.org/wiki/Digital_object_identifier):[10.1016/j.antiviral.2013.04.009](http://dx.doi.org/10.1016%2Fj.antiviral.2013.04.009). [PMID](http://en.wikipedia.org/wiki/PubMed_Identifier) [23603497](http://www.ncbi.nlm.nih.gov/pubmed/23603497).

8 Soares-Weiser, K; Thomas, S; Thomson, G; Garner, P (2010). “[Ribavirin for Crimean-Congo hemorrhagic fever: systematic review and meta-analysis”.](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2912908) *BMC Infectious Diseases.* **10**: 207. [doi](http://en.wikipedia.org/wiki/Digital_object_identifier):[10.1186/1471-2334-10-207](http://dx.doi.org/10.1186%2F1471-2334-10-207). [PMC](http://en.wikipedia.org/wiki/PubMed_Central) [2912908](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2912908). [PMID](http://en.wikipedia.org/wiki/PubMed_Identifier) [20626907](http://www.ncbi.nlm.nih.gov/pubmed/20626907).

9 Ascioglu, S; Leblebicioglu, H; Vahaboglu, H; Chan, KA (2011). [“Ribavirin for patients with Crimean-Congo haemorrhagic fever: a systematic review and meta-analysis”.](http://jac.oxfordjournals.org/content/66/6/1215.full.pdf) *The Journal of Antimicrobial Chemotherapy* **66** (6): 1215–1222. [doi](http://en.wikipedia.org/wiki/Digital_object_identifier):[10.1093/jac/dkr136](http://dx.doi.org/10.1093%2Fjac%2Fdkr136).[PMID](http://en.wikipedia.org/wiki/PubMed_Identifier) [21482564](http://www.ncbi.nlm.nih.gov/pubmed/21482564).

10 Bausch, DG; Hadi, CM; Khan, SH; Lertora, JJ (2010). “[Review of the literature and proposed guidelines for the use of oral ribavirin as postexposure prophylaxis for Lassa fever”.](http://cid.oxfordjournals.org/content/51/12/1435.full.pdf) *Clinical Infectious Diseases* **51**(12): 1435–1441. [doi](http://en.wikipedia.org/wiki/Digital_object_identifier):[10.1086/657315](http://dx.doi.org/10.1086%2F657315).[PMID](http://en.wikipedia.org/wiki/PubMed_Identifier) [21058912](http://www.ncbi.nlm.nih.gov/pubmed/21058912).

11 Ventre, K; Randolph, AG (2007). “[Ribavirin for respiratory syncytial virus infection of the lower respiratory tract in infants and young children](http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000181.pub3/abstract;jsessionid=E2CE5FD8D6795AA6C2E5647FC771CB77.f03t04)”. *The Cochrane Database of Systematic Reviews.*  (1): CD000181. [doi](http://en.wikipedia.org/wiki/Digital_object_identifier):[10.1002/14651858.CD000181.pub3](http://dx.doi.org/10.1002%2F14651858.CD000181.pub3).[PMID](http://en.wikipedia.org/wiki/PubMed_Identifier) [17253446](http://www.ncbi.nlm.nih.gov/pubmed/17253446). Retrieved 15 April 2014.

12 Borden, KL; Culjkovic-Kraljacic, B (2010). “[Ribavirin as an anti-cancer therapy: acute myeloid leukemia and beyond](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2950216)”. *Leukemia & Lymphoma* **51**(10): 1805–1815. [doi](http://en.wikipedia.org/wiki/Digital_object_identifier):[10.3109/10428194.2010.496506](http://dx.doi.org/10.3109%2F10428194.2010.496506).[PMC](http://en.wikipedia.org/wiki/PubMed_Central) [2950216](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2950216). [PMID](http://en.wikipedia.org/wiki/PubMed_Identifier) [20629523](http://www.ncbi.nlm.nih.gov/pubmed/20629523).

13 [Alvarez, D](http://www.ncbi.nlm.nih.gov/pubmed/?term=Alvarez%20D%5BAuthor%5D&cauthor=true&cauthor_uid=16970600); [Dieterich, DT](http://www.ncbi.nlm.nih.gov/pubmed/?term=Dieterich%20DT%5BAuthor%5D&cauthor=true&cauthor_uid=16970600); [Brau, N](http://www.ncbi.nlm.nih.gov/pubmed/?term=Brau%20N%5BAuthor%5D&cauthor=true&cauthor_uid=16970600); [Moorehead, L](http://www.ncbi.nlm.nih.gov/pubmed/?term=Moorehead%20L%5BAuthor%5D&cauthor=true&cauthor_uid=16970600); [Ball, L](http://www.ncbi.nlm.nih.gov/pubmed/?term=Ball%20L%5BAuthor%5D&cauthor=true&cauthor_uid=16970600); [Sulkowski, MS](http://www.ncbi.nlm.nih.gov/pubmed/?term=Sulkowski%20MS%5BAuthor%5D&cauthor=true&cauthor_uid=16970600) (2006). “Zidovudine use but not weight-based Ribavirin dosing impacts anaemia during HCV treatment in HIV-infected persons’. *J Viral Hepat* **13**(10): 683-689. Doi:10.1111/j.1365-2893.2006.00749.x.PMID 16970600.

14 Merck Sharp & Dohme Corporation (2013). “Rebetol (ribavirin) capsules and oral solution prescribing information”. Whitehouse Station; NJ.

15 [So-Youn, Park](http://www.ncbi.nlm.nih.gov/pubmed/?term=Park%20SY%5Bauth%5D); [Seunghee, Baek](http://www.ncbi.nlm.nih.gov/pubmed/?term=Baek%20S%5Bauth%5D); [Sang-Oh, Lee](http://www.ncbi.nlm.nih.gov/pubmed/?term=Lee%20SO%5Bauth%5D); [Sang-Ho, C;](http://www.ncbi.nlm.nih.gov/pubmed/?term=Choi%20SH%5Bauth%5D) [Yang, SK;](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kim%20YS%5Bauth%5D) [Jun, HW;](http://www.ncbi.nlm.nih.gov/pubmed/?term=Woo%20JH%5Bauth%5D) [Heungsup, S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Sung%20H%5Bauth%5D); [Mi-Na, K](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kim%20MN%5Bauth%5D); [Dae-Young, K;](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kim%20DY%5Bauth%5D) [Jung-Hee, L;](http://www.ncbi.nlm.nih.gov/pubmed/?term=Lee%20JH%5Bauth%5D) [Je-Hwan, L;](http://www.ncbi.nlm.nih.gov/pubmed/?term=Lee%20JH%5Bauth%5D) [Kyoo-Hyung, L;](http://www.ncbi.nlm.nih.gov/pubmed/?term=Lee%20KH%5Bauth%5D) [Sung-Han, K](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kim%20SH%5Bauth%5D) (2013). “Efficacy of oral ribavirin in hematologic disease patients with paramyxovirus infection: analyticstrategy using propensity scores”. *Antimicrob Agents Chemother* **57**(2): 983-989. doi:  [10.1128/AAC.01961-12](http://dx.doi.org/10.1128%2FAAC.01961-12), PMCID: PMC3553680.

16 Fernandez, H; Banks, G,; Smith, R (1986). “Ribavirin: a clinical overview”. *Eur J Epidemiol*. **2**(1): 1-14. PubMed 3021519.

17 [Laskin, OL](http://www.ncbi.nlm.nih.gov/pubmed/?term=Laskin%20OL%5BAuthor%5D&cauthor=true&cauthor_uid=3568539); [Longstreth, JA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Longstreth%20JA%5BAuthor%5D&cauthor=true&cauthor_uid=3568539); [Hart, CC](http://www.ncbi.nlm.nih.gov/pubmed/?term=Hart%20CC%5BAuthor%5D&cauthor=true&cauthor_uid=3568539); [Scavuzzo, D](http://www.ncbi.nlm.nih.gov/pubmed/?term=Scavuzzo%20D%5BAuthor%5D&cauthor=true&cauthor_uid=3568539); [Kalman, CM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kalman%20CM%5BAuthor%5D&cauthor=true&cauthor_uid=3568539); [Connor, JD](http://www.ncbi.nlm.nih.gov/pubmed/?term=Connor%20JD%5BAuthor%5D&cauthor=true&cauthor_uid=3568539); [Roberts, RB](http://www.ncbi.nlm.nih.gov/pubmed/?term=Roberts%20RB%5BAuthor%5D&cauthor=true&cauthor_uid=3568539) (1987). “Ribavirin disposition in high-risk patients for acquired immunodeficiency syndrome”. *Clin Pharmacol Ther*. **41**(5): 546-555.

18 [Chunhua, Z](http://link.springer.com/search?facet-author=%22Chunhua+Zhao%22); [Ankur, J](http://link.springer.com/search?facet-author=%22Ankur+Jain%22); [Leaelaf, H](http://link.springer.com/search?facet-author=%22Leaelaf+Hailemariam%22); [Pradeep, S;](http://link.springer.com/search?facet-author=%22Pradeep+Suresh%22) [Pavankumar, A;](http://link.springer.com/search?facet-author=%22Pavankumar+Akkisetty%22) [Girish, J;](http://link.springer.com/search?facet-author=%22Girish+Joglekar%22) [Venkat, V](http://link.springer.com/search?facet-author=%22Venkat+Venkatasubramanian%22); [Gintaras, VR;](http://link.springer.com/search?facet-author=%22Gintaras+V.+Reklaitis%22) [Ken, M;](http://link.springer.com/search?facet-author=%22Ken+Morris%22) [Prabir, B](http://link.springer.com/search?facet-author=%22Prabir+Basu%22) (2006). “Toward intelligent decision support for pharmaceutical product development” *Journal of Pharmaceutical Innovation* **1**(1): 23–35.

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| **Table 1*. Statistical Weight variation*** | | | | |
| No. of Capsules | Average  (mg) | Standard deviation | Upper limit  (X+3S) | Lower limit  (X-3S) |
| 20 | 280.00 | 0.003 | 289.95 | 268.89 |

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| --- | --- | --- | --- |
| **Table 2. Weight variation test** | | | |
| No. of Capsules | Average  (mg) | BP/USP Specification | Deviation from BP/USP Specification |
| 20 | 280.00 | Deviation should be ±7.5% | Within specified limit |

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| **Table 3. Disintegration test** | | |
| Disintegration time  (min.:sec.) | USP Specification | Deviation from USP Specification |
| 3 min: 18 sec | NMT 30 Min | Passes |

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| --- | --- | --- | --- |
| **Table 4. Dissolution Test** | | | |
| No. of Capsules | Results  (%) Ribavirin | USP Spec | Deviation  from USP |
| 6 | 97.37 | Not less than 80%(Q)  of the labeled amount  dissolved in 30 min | Passes |

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| --- | --- | --- | --- |
| **Table 5. Assay Test** | | | |
| No. of Capsules | Results  (%) Ribavirin | USP Spec | Deviation  from USP |
| 20 | 102.12 | 90.0%–110.0% | Passes |